

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT** ▼Example: If typing, type
over the lines

American Dietetic Association Political Action Committee

ADDRESS (number and street)

1120 Connecticut Ave. NW

Suite 480

☐Check if different
than previously
reported. (ACC)

Washington

DC

20036

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00143560

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

08

01

2009

through

08

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Paul Mifsud

Signature of Treasurer

Electronically Filed by Paul Mifsud

Date

10

02

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 15

Write or Type Committee Name

American Dietetic Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		47007.74
(b) Cash on Hand at Beginning of Reporting Period	88634.76	
(c) Total Receipts (from Line 19)	9173.50	290993.99
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	97808.26	338001.73
7. Total Disbursements (from Line 31)	14915.33	255108.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	82892.93	82892.93
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American Dietetic Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	8	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
0	8	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1008.50	33145.76
(ii) Unitemized	8165.00	257848.23
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9173.50	290993.99
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9173.50	290993.99
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9173.50	290993.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9173.50	290993.99

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	11915.33	130608.80	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	11915.33	130608.80	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	124500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	14915.33	255108.80	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14915.33	255108.80	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	9173.50	290993.99
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9173.50	290993.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	11915.33	130608.80
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	11915.33	130608.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jeanne Blankenship

Mailing Address 6231 Jack Frost Ct

City

Rocklin

State

CA

Zip Code

95765-4234

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of CA, Davis

Occupation
RD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 7 / 2 0 0 9

Transaction ID: 90915.C101468

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Cecilia M Costigan

Mailing Address 161 Orchard Ridge Rd

City

Chappaqua

State

NY

Zip Code

10514-2732

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: 90915.C101404

Amount of Each Receipt this Period

30.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Marion J Franz

Mailing Address 6635 Limerick Dr

City

Minneapolis

State

MN

Zip Code

55439-1260

FEC ID number of contributing
federal political committee.

C

Name of Employer
PRIVATE PRACTICE

Occupation
RD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

686.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 91002.C101746

Amount of Each Receipt this Period

36.50

Receipt

SUBTOTAL of Receipts This Page (optional)

116.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mary P Fuhrman

Mailing Address 1932 Prospector Ridge Dr

City

Ballwin

State

MO

Zip Code

63011-4808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coram, Inc.

Occupation

Chair of Dietetics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: 90915.C101407

Amount of Each Receipt this Period

60.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Laura S Garrett

Mailing Address 3511 Amberwood Ln

City

Prosper

State

TX

Zip Code

75078-9126

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

RD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: 90915.C101419

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Mary S Gregory

Mailing Address 148 Cedar Knoll Dr

City

Mount Airy

State

NC

Zip Code

27030-7792

FEC ID number of contributing
federal political committee.

C

Name of Employer
HEALTH CENTER

Occupation

DIETITIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: 90915.C101392

Amount of Each Receipt this Period

52.00

Receipt

SUBTOTAL of Receipts This Page (optional)

362.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Marian C Johnson

Mailing Address 4014 SW Holgate St

City

Seattle

State

WA

Zip Code

98116-2017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fred Hutchinson ResearchOccupation
DIETITIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

502.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	9	

Transaction ID: 90915.C101457

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Sylvia K Kilgore-Rorrer

Mailing Address 1205 May Ln

City

Harrison

State

AR

Zip Code

72601-4940

FEC ID number of contributing
federal political committee.

C

Name of Employer
Perinial Regional Healthc-
areOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	9	

Transaction ID: 90915.C101408

Amount of Each Receipt this Period

30.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Betty A Krauss

Mailing Address 1134 Maplegrove Dr NW

City

Grand Rapids

State

MI

Zip Code

49504-3838

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Free Bed Rehabilitat-
ion HOccupation
Manger, Nutrition Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	9	

Transaction ID: 90817.C101304

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Betty A Krauss

Mailing Address 1134 Maplegrove Dr NW

City

Grand Rapids

State

MI

Zip Code

49504-3838

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Free Bed Rehabilitat-
ion H

Occupation

Manger, Nutrition Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: 90915.C101485

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Charlotte E Meucci

Mailing Address 878 S Grand St

City

East Granby

State

CT

Zip Code

06026-9715

FEC ID number of contributing
federal political committee.

C

Name of Employer
HARFORD HOSPITAL

Occupation

CLINICAL DIETITIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 5 / 2 0 0 9

Transaction ID: 90817.C101309

Amount of Each Receipt this Period

150.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Jessie M Pavlinac

Mailing Address 13147 Century Dr

City

Oregon City

State

OR

Zip Code

97045-6700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Health & Science
Univ

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: 90915.C101402

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Wanda M Siu-Chan

Mailing Address 986 Astoria Dr

City

Sunnyvale

State

CA

Zip Code

94087-3007

FEC ID number of contributing
federal political committee.

C

Name of Employer
San Francisco State

Occupation

Dietetic Internship Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 9

Transaction ID: 90817.C101316

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

1008.50

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Printing & Copying Huff	Transaction ID: 90817.E2135 Date of Disbursement																				
Mailing Address 1100 17th St NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	3		2	0	0	9												
City Washington State DC Zip Code 20036-4609	Amount of Each Disbursement this Period																				
Purpose of Disbursement ADAPAC Supplies Candidate Name	<table border="1"> <tr> <td colspan="10">359.55</td> </tr> </table>	359.55																			
359.55																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
ADAPAC SUPPLIES																					
B. Full Name (Last, First, Middle Initial) Printing & Copying Huff	Transaction ID: 90915.E2140 Date of Disbursement																				
Mailing Address 1100 17th St NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	1		2	0	0	9												
City Washington State DC Zip Code 20036-4609	Amount of Each Disbursement this Period																				
Purpose of Disbursement ADAPAC stationary paper Candidate Name	<table border="1"> <tr> <td colspan="10">1670.76</td> </tr> </table>	1670.76																			
1670.76																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
ADAPAC STATIONARY PAPER																					
C. Full Name (Last, First, Middle Initial) Membership Marketing Services, Inc.	Transaction ID: 90817.E2128 Date of Disbursement																				
Mailing Address Attn. Fran Carille 1280 Perimeter Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	7		2	0	0	9												
City Virginia Beach State VA Zip Code 23454-5689	Amount of Each Disbursement this Period																				
Purpose of Disbursement ADAPAC fundraising expenses Candidate Name	<table border="1"> <tr> <td colspan="10">3711.20</td> </tr> </table>	3711.20																			
3711.20																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
ADAPAC FUNDRAISING EXPENS-ES																					

SUBTOTAL of Disbursements This Page (optional)

5741.51

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Membership Marketing Services, Inc.

Mailing Address Attn. Fran Carille
1280 Perimeter Parkway

City Virginia Beach State VA Zip Code 23454-5689

Purpose of Disbursement
ADAPAC fundraising expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90915.E2139

Date of Disbursement

08 / 31 / 2009

Amount of Each Disbursement this Period

3270.57

ADAPAC FUNDRAISING EXPENSES

B. Full Name (Last, First, Middle Initial)
U.S. Postal Service

Mailing Address 1050 Connecticut Ave NW

City Washington State DC Zip Code 20036-5308

Purpose of Disbursement
ADAPAC Monthly Mailings

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90817.E2126

Date of Disbursement

08 / 05 / 2009

Amount of Each Disbursement this Period

132.00

ADAPAC MONTHLY MAILINGS

C. Full Name (Last, First, Middle Initial)
Ronald Smith

Mailing Address Ste 480
1120 Connecticut Ave NW

City Washington State DC Zip Code 20036-3989

Purpose of Disbursement
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90817.E2131

Date of Disbursement

08 / 12 / 2009

Amount of Each Disbursement this Period

2175.20

REIMBURSEMENT: SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

5577.77

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

United Airlines

Mailing Address Thomas Ave & Abingdon

City
Arlington

State
VA

Zip Code
22202-

Purpose of Disbursement
Travel - Rep. Xavier Becerra (D-CA)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90817.E2133

Date of Disbursement

/ /

Amount of Each Disbursement this Period

519.20

[MEMO ITEM]

MEMO: TRAVEL - REP. XAVIER
BECERRA (D-CA)

B.

Full Name (Last, First, Middle Initial)

Greenbrier Hotel

Mailing Address 300 W. Main Street

City
White Sulphur Spgs

State
WV

Zip Code
24986-

Purpose of Disbursement
Travel - Sen. Richard Burr (R-NC)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90817.E2132

Date of Disbursement

/ /

Amount of Each Disbursement this Period

379.00

[MEMO ITEM]

MEMO: TRAVEL - SEN. RICHARD
BURR (R-NC)

C.

Full Name (Last, First, Middle Initial)

Travelocity

Mailing Address 3150 Sabre Drive

City
Southlake

State
TX

Zip Code
76092-

Purpose of Disbursement
Travel - Rep. Xavier Becerra (D-CA)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90820.E2136

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1796.90

[MEMO ITEM]

MEMO: TRAVEL - REP. XAVIER
BECERRA (D-CA)

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ronald Smith

Mailing Address Ste 480

1120 Connecticut Ave NW

City

Washington

State

DC

Zip Code

20036-3989

Purpose of Disbursement

REIMBURSEMENT: SEE BELOW

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 90817.E2129

Date of Disbursement

/ /

Amount of Each Disbursement this Period

496.05

REIMBURSEMENT: SEE BELOW

B.

Full Name (Last, First, Middle Initial)

Ronald Smith

Mailing Address Ste 480

1120 Connecticut Ave NW

City

Washington

State

DC

Zip Code

20036-3989

Purpose of Disbursement

Cash Advance - Travel for Rep. Bece

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 90820.E2137

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

CASH ADVANCE - TRAVEL FOR
REP. BECE

SUBTOTAL of Disbursements This Page (optional)

596.05

TOTAL This Period (last page this line number only)

11915.33

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Buckeye Libtery PAC

Mailing Address 217 3rd Street

City
Washington

State
DC

Zip Code
20003-

Purpose of Disbursement
REP. PAT TIBERI (R-OH)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90817.E2127

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

REP. PAT TIBERI (R-OH)

B.

Full Name (Last, First, Middle Initial)

Congresswoman Tammy Baldwin

Mailing Address TAMMY BALDWIN FOR CONGRESS
P O Box 696

City
Madison

State
WI

Zip Code
53701-

Purpose of Disbursement
REP. TAMMY BALDWIN (D-WI)

Candidate Name
TAMMY BALDWIN

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 02

Transaction ID: 90915.E2138

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

REP. TAMMY BALDWIN (D-WI)

C.

Full Name (Last, First, Middle Initial)

Congressman Earl Blumenauer

Mailing Address BLUMENAUER FOR CONGRESS
830 NE Holliday, Suite 105

City
Portland

State
OR

Zip Code
97232-

Purpose of Disbursement
REP. EARL BLUMENAUER (D-OR-3)

Candidate Name
EARL BLUMENAUER

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 03

Transaction ID: 90817.E2134

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

REP. EARL BLUMENAUER (D-OR-3)

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

3000.00